

Illinois Opioid Crisis Response Advisory Council Meeting

April 27, 2017

MEETING MINUTES

Maria Bruni, Assistant Secretary of Programs, and Kim Fornero, Bureau Chief, welcomed the group and thanked everyone for their continued participation.

Assistant Secretary Bruni and Illinois Department of Public Health (IDPH) Director Shah gave an update on efforts taking place at executive administrative level to address Illinois' opioid crisis. Dr. Shah shared that state agencies have been meeting on a regular basis to work on a deliberate, coordinated process to identify goals, overlap and ways to work together. This group has identified preliminary metrics that will be put into a statewide coordinated action plan. The May 15th Council meeting will be an opportunity for mutual sharing: the executive team will brief the group on what they see as metrics moving forward, the Council committee chairs will share their work and the discussion will focus on how the metrics match with the work of the committees. Assistant Secretary Bruni noted that the action plan is similar to how other states are addressing the opioid crisis. The action plan will outline priorities and metrics; the next step will be an implementation plan that outlines how those priorities and metrics will be addressed and achieved. The Council will help identify best strategies, evidence-based practices and resources needed to implement and achieve goals and metrics.

Rosie Gianforte, IDHS/DASA, gave a presentation on the Illinois Department of Children and Family Services' (DCFS) for substance affected families. Presentation handouts are attached. DASA and DCFS partner together to provide services to families affected by substance use disorders; these include the Juvenile Court Assessment & Recovery Coach (JCAP) program, Cook County Family Treatment Drug Court, and recovery homes for parents and their children. The focus of the presentation was on the Intact Family Recovery (IFR) program.

- IFR is a Cook County program for parents who have delivered a substance-exposed infant. A team of child welfare and substance abuse treatment caseworkers work with families for up to two years. IFR services focus on family strengths and partnering with the family on treatment, identifying the services and supports needed during the recovery process. The program includes three phases: 1) engagement and treatment preparation, 2) treatment and parenting skills development, and 3) recovery support and transition to independence.
- Over 200 families have been enrolled and the program has a high success rate both in keeping families together and parental sobriety.

Following the discussion, the group discussed several topics.

- The IFR program, and the DASA-DCFS partnership have helped judges and other stakeholders understand the effectiveness of MAT and its role in helping parents sustain their recovery.
- DASA and other providers are expanding recovery homes throughout the state, allowing more mothers to stay with their children during the recovery process.
- The group discussed that IFR is only available in Cook County, and there is a need to duplicate it statewide. Additionally, it may be useful to examine DCFS data to determine areas of the state where parents test positive for SUD but do not access or receive treatment because no MAT is available in their geographic region – this might help identify where IFR and recovery homes are most needed.

Committee chairs then presented updates on their development of goals and metrics. See the attached Committee updates. Discussion related to the committees' reports addressed several topics.

- The MAT Committee reviewed its goal (Everyone in Illinois who wants and needs MAT services for opiate use disorder (OUD) has access to it) and action steps (Develop and disseminate a user-friendly tool that assists any professional who wants to prescribe MAT how to do it). The committee has developed three sets of metrics that target buprenorphine providers, behavioral healthcare service providers, and distribution and expansion of MAT. Baseline data are needed to establish appropriate, achievable metrics. For example, the committee can't recommend a specific increase in the number of buprenorphine prescribers without first knowing the current number of prescribers statewide.

- The group discussed the importance of supporting buprenorphine providers, especially those who got waivered who are not prescribing. A visual statewide map of MAT providers could help pinpoint areas of the state most in need of MAT expansion. Several healthcare systems have begun to develop MAT guidelines and their data could help the group understand the MAT service cycle.
- The Public Awareness and Education Committee's focus is on raising public awareness of the opioid crisis and educating the public about how it can play a role in addressing it. The committee's target audiences include youth, people with OUD, and people who have been prescribed opiates. Messaging efforts will initially focus on the general public and then inform and support each target audience, tailoring messages specifically to each audience's information needs via methods that "speak" to them.
- The group noted that it's critical that all messages include: "treatment works". It was also suggested that the committee collaborate with Drug Free Community (DFC) coalitions to avoid overlap and make use of existing resources.
- The Prescribing Practices Committee described their three goals (better understand prescribing practices and relevant practice guidelines; gain a fuller understanding of how the Illinois PMP works for prescribers and dispensers to high-risk patients that may benefit from additional education about access to Naloxone; improve education and awareness around appropriate prescribing of opioids for treatment of chronic and acute pain) and potential metrics. Next steps for this committee are to hone in on specific, achievable metrics.
- The group discussed the need to promote the PMP as an effective clinical tool and to dispel biases that the PMP is driving people to heroin use. The group also discussed the importance of focusing on high-risk prescribing and utilization use data to understand and set appropriate benchmarks. Education for providers also should include where to send people for care and not using stigmatizing terminology when referring to people with OUD ("frequent fliers", "doctor shoppers").
- The Criminal Justice Populations Committee's goals focus on evidence-based practices (EBPs), access to treatment, capacity and education. These include identifying EBPs and promising practices used throughout the state to connect justice-involved people with OUD to treatment; reducing barriers to treatment at Sequential Intercept points 0, 1 and 4; identifying providers to better connect people to treatment, especially at re-entry; and educating judges, corrections and law enforcement on the benefits of MAT. Data are needed to help establish appropriate metrics. MCO performance measures may be useful in developing quality measures, i.e., number of days a person is seen by a provider post-re-entry.
- The group discussed initiatives to distribute Naloxone to people at re-entry, and 1115 waiver efforts to enroll Medicaid eligible justice-involved people into benefits so that they can access care at re-entry, and HFS amendments to support criminal justice integrated health homes.

Illinois Opioid Crisis Response Advisory Council Committee Meeting Schedule

The next meeting will be Monday, May 15 2017, 1:00-3:00 PM. The meeting will be held in Chicago and Springfield. The exact locations are listed below. Phone/conference call and videoconferencing will be available. The conference call number for all Council meeting is: 888.494.4032; passcode: 4030829754#.

Chicago

401 S. Clinton, 1st floor

Springfield

823 E. Monroe Video Conference Room